



1025 South Gilbert Road • Gilbert, Arizona 85296

Job Hotline: (480) 503-6003

Fax # (480) 497-4943

Application Number _____

(For Personnel Use Only)

APPLICATION FOR EMPLOYMENT

Position For Which Applying :					Date:							
Last Name:			First Name:			Middle Initial:						
Address:		Apt #		City:		State:		Zip Code:				
Home Phone:			Work Phone:			E-Mail Address:						
Driver's License Number:			State:		Class:		Currently Valid?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number:			-		-		Are you authorized to work and remain in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of position you desire: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Reserve <input type="checkbox"/> Volunteer										
Types of hours you are available: <input type="checkbox"/> Days <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating Shifts										
Have you ever been employed by the Town of Gilbert? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____										
Position(s) held:						Department:				
Are you related to any Town of Gilbert employee? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, name:						Relationship:				

*Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details including charges, dates and locations. (A conviction will not necessarily disqualify an applicant from the position sought.)										

*Conviction: means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Committed to equal opportunity/affirmative action, reasonable accommodation, and a smoke free/drug free workplace.

EDUCATION: Circle highest grade or degree level completed

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12 Graduate Yes No GED Yes No

College AAS AA BA BS MA MS PhD Other: _____

Are you presently attending school? Yes No If yes, number of semester hours: Current _____ Total _____

College or University Name	Location	Field of Study	Degree
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Other Training: Name and Location of School(s)	Topic of Training	Diploma/Certificate
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List Current Licenses/Professional Registrations/Certifications	Expiration Date(s)
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Professional Memberships (Do not include those which indicate race, color, origin, sex, age, religious beliefs or disabled status.)

OFFICE and CLERICAL SKILLS: (Required skills will be tested.)

Typing Words Per Minute: Shorthand Words Per Minute: Filing: [] Yes [] No

Data Entry Speed: Word Processing: [] Yes [] No

COMPUTER SKILLS: List the computer hardware and programs with which you are proficient.

Software:

Hardware:

EMPLOYMENT HISTORY: Show complete experience in each position beginning with your current or last position, including military experience. A resume may be attached, but will not be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

Current Employer:				Job Title:		
Street Address:				# of Employees Supervised:		
City :		State:	Zip Code:	Telephone: ()		
Employment Dates: From:		To:	Total Time Employed:	Years	Months	Hours Per Week:
Salary: Starting \$	Per	Ending \$	Per	Supervisor:		
Description of Work:						
Reason for Leaving:				May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:				Job Title:		
Street Address:				# of Employees Supervised:		
City :		State:	Zip Code:	Telephone: ()		
Employment Dates: From:		To:	Total Time Employed:	Years	Months	Hours Per Week:
Salary: Starting \$	Per	Ending \$	Per	Supervisor:		
Description of Work:						
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:				Job Title:		
Street Address:				# of Employees Supervised:		
City :		State:	Zip Code:	Telephone: ()		
Employment Dates: From:		To:	Total Time Employed:	Years	Months	Hours Per Week:
Salary: Starting \$	Per	Ending \$	Per	Supervisor:		
Description of Work:						
Reason for Leaving:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:		Job Title:			
Street Address:		# of Employees Supervised:			
City :	State:	Zip Code:	Telephone: ()		
Employment Dates: From:	To:	Total Time Employed:	Years	Months	Hours Per Week:
Salary: Starting \$	Per	Ending \$	Per	Supervisor:	
Description of Work:					
Reason for Leaving:		May we contact this employer?		[] Yes [] No	

Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed above) who may be contacted by the Town of Gilbert.

APPLICATION AGREEMENT

- I understand that employment in a driving position is dependent upon a safe driving record.
- I understand that employment in a part-time, temporary, or seasonal position is “at-will” and may be terminated at any time.
- I understand that falsifications or omissions of facts are sufficient cause for dismissal if I am hired, regardless of the date of discovery.
- I understand that if I am offered a position, as a condition of beginning my employment, I will be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination, and/or related considerations of reasonable accommodation, fitness for duty, or as required by law.
- If hired, I do hereby agree to submit to any and all required drug and/or alcohol testing (as per the Town’s Substance Abuse Policy – available in the Personnel Department) and to have test results reported to the Town of Gilbert. I release the Town of Gilbert from all liability in obtaining information pursuant to this release.
- If hired, I agree to comply with current Town rules and policies and accept that the Town may change, add, or withdraw rules and/or policies in the future during the course of my employment.
- My signature below acknowledges my understanding and agreement with all conditions as stated.

Signature of Applicant		Date	
FOR PERSONNEL USE ONLY		FOR DEPARTMENT USE ONLY	
MHQ _____		MHQ _____ IN _____	
MQ _____ EL _____		MQ _____	
NQ _____ Reviewed by: _____		Reviewed by: _____	
Preference			
P1 _____ P2 _____ P3 _____ P4 _____			

AFFIRMATIVE ACTION DATA (Please complete all information requested.)

The following information is requested by the Town of Gilbert for analysis of equal opportunity requirements only. Your response will help in monitoring our affirmative action efforts. This data is strictly confidential and will not be made a part of your application for employment.

Name: _____ Social Security: _____
Last First Middle Initial

Position Applied for: _____ Date: _____

INSTRUCTIONS: Place a check mark on the line in front of your response. Please check only one response in each category.

- | | | | |
|---------------|---------------------------|---------------------|------------------------|
| 1. Sex | 2. Ethnic Category | 3. Age Group | |
| _____ Male | _____ White | _____ Under 20 (19) | _____ 50- 59 (50) |
| _____ Female | _____ Black | _____ 20-29 (20) | _____ 60-69 (60) |
| | _____ Hispanic | _____ 30-39 (30) | _____ No Response (99) |
| | _____ No Response | _____ 40-49 (40) | |

4. Referral Information: How did you learn of this position?

_____ Referral	_____ Advertisement - Where? _____
_____ Walk-in	_____ Job Information Line
_____ Job Announcement Posting	_____ Internet - What site? _____
_____ Other - Please specify _____	

5. Preference Status:

_____ I am a veteran of the United States Armed Forces, honorably separated following more than 180 days of active duty, excluding training and reserve duty as established by DD214

_____ I am a spouse of a permanently disabled veteran as established by Claim Number from regional Veteran's Service Office

_____ I am a spouse of an active duty armed forces member who is missing in action as established by claim number from regional Veteran's Service Office

_____ I have a physical or mental disability as defined by the Americans With Disabilities Act

GILBERT POLICE DEPARTMENT CIVILIAN APPLICANT

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Print clearly or type all answers. Read every question carefully and answer every question. Do not leave blank spaces. If the question does not apply to you, print or type "DNA" in the answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, attach additional sheets. Use the "Remarks" section to amplify or explain your answer. All information provided is subject to verification. This statement is confidential and will remain confidential unless disclosure is required by law.

1. Name:	2. Date of Birth:	3. SS#
4. Address:	5. City:	6. State / Zip Code:
7. If you have ever used any other names, list below:	8. Home Telephone Number:	9. Work Telephone Number:
	10. Marital Status:	11. Spouse's Maiden Name:
12. Are you United States Citizen? Yes _____ No _____ Please attach a copy of your birth certificate.	13. Prior peace officer certification/employment (dates, agency, city, state)	

14. EDUCATIONAL BACKGROUND: Attach copy of high school diploma or general education certificate (GED)

Months and Year of Enrollment	Name and address of school or institution (city and state)	Graduation Date	Degree/ Certificate

15. EMPLOYMENT HISTORY: (Show all employment and all periods of employment beginning with the most recent employer.)

Dates of Employment Month and Year	Name and Address of Employer (Street, City, State)	Telephone	Supervisor's Name	Job Title	Reason for Leaving

16. MILITARY RECORD:

Branch of Service:

Honorable Discharge: Yes _____ No _____

If NO, list type of separation:

Are you a member of a U.S. Reserve unit or the National Guard: Yes _____ No _____

17. RESIDENCES: List all residences during the past five years, use "Remarks" section, if needed.

Date From - To	Street Address	City	State/Country

18. MOTOR VEHICLE OPERATION: List all moving violations for which you were cited, use "Remarks" section, if needed.				
Date	Location and Issuing Agency	Violation Charged	Collision Related: Yes/No	Court Disposition

19. CURRENT DRIVER'S LICENSE: State: Expiration Date: License Number:	20. Previous Driver's License Information: List all states/countries where you have been licensed.
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21. ARREST RECORD: List all incidents in which you were arrested, accused, charged of a crime other than traffic violations.					
Date	Location	Arresting Agency	Original Charge	Charge Reduced To	Disposition/Court Action

22. CIVIL ACTIONS: List all civil actions in which you were a party.			
Date	Location	Action or Proceeding	Disposition/Court Action

23. PERSONAL REFERENCES: List at least three people who've known you for over one year, excluding relatives or former employers.				
Name	Street Address, City, State, Zip Code	Home Telephone	Work Telephone	Years Known

24. LIST ANY PERSONS WITH WHOM YOU HAVE LIVED DURING THE PAST FIVE YEARS: <u>DO NOT</u> include family members.				
Name	Street Address, City, State, Zip Code	Home Telephone	Work Telephone	Relationship

28. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the State of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? If yes, provide full explanation in the "REMARKS" section.

Yes _____

No _____

29. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If yes, provide explanation in the "REMARKS" section.

Yes _____

No _____

30. REMARKS: Use this area for any required information or to amplify any answer. Use additional sheets if necessary.

31. Photocopies, original forms or other exhibits of the following records must be submitted with this application before you can be considered for employment.

1. Applicant's birth certificate or naturalization papers.
2. DD-214 if discharged from military.
3. Copy of applicant's marriage license if name has been changed due to marriage.
4. Certificate of high school graduation or General Education Certificate (GED)

32. **CERTIFICATION:** Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below:

SIGNATURE OF APPLICANT: _____ **DATE:** _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, in order to permit the Gilbert, Arizona Police Department to make a thorough investigation of my background, health, family, personal habits and reputation, for the purposes of determining my fitness and suitability for employment with the Department, hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, credit, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the Gilbert, Arizona Police Department officers, agents, or employees to release and transmit to such officers, agents, or employees any information, data, or opinions they may have regarding my background, health, family personal habits and reputation. I hereby release from liability and promise to hold harmless from any liability any and all persons or entities contacted by the Gilbert, Arizona Police Department, and I hereby waive any and all legal privileges I may have to maintain such information as confidential, including, but not limited to, the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Town of Gilbert, Arizona Police Department, their officers, agents, and employees for any statements, acts, or omissions in the course of the investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Gilbert, Arizona Police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the Department, I expressly waive all my legal rights and causes of action to the extent that the Gilbert, Arizona Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Town of Gilbert and the Gilbert, Arizona Police Department, their officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Gilbert, Arizona Police Department, realizing that such information must, of necessity, remain confidential.

NOTE: READ CAREFULLY BEFORE SIGNING - IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

Signature of Applicant: _____ Date: _____

Sworn And Subscribed Before Me This _____ Day of _____, _____

State: _____ County: _____

Signature of Notary Public: _____



Typing:	\$ 5.00
Correspondence:	\$10.00
Software Applications:	\$20.00
Data Entry:	\$10.00
Clerical:	\$10.00
Light Industrial Skills Analysis:	\$10.00

We only accept cash. We do not have change, so please bring exact amount.

MAP TO KELLY SERVICES, INC:

